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**IN THIS
ISSUE:
MENOPAUSE
SPECIAL**

COULD PERSONALISED BHRT BE THE ANSWER TO THE DEBILITATING SYMPTOMS MANY WOMEN EXPERIENCE DURING MENOPAUSE

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Many women experience a vast range of symptoms when they reach perimenopause or menopause. While these symptoms can be wide-ranging yet mild, for some they can be life altering and lead them to give up their careers, shut themselves off from relationships and find life completely overwhelming. For these women, medication is of the utmost importance and getting an effective treatment plan is key to helping them to feel themselves again. Compounded bio/body-identical hormone restoration therapy (BHRT) can be a more effective treatment option for many women than traditional HRT, where doses and formulations can be personalised to meet an individual patient's need.

What is BHRT, and how is it different to HRT?

BHRT utilises bio-identical hormones, which have an identical chemical structure to the naturally occurring hormones produced in the body. They therefore fit the body's hormone receptor sites perfectly and are often associated with fewer side effects in comparison to traditional HRT. The hormones used in BHRT are completely plant derived from diosgenin found in Mexican wild yams or from soy.

These differ from the often synthetic hormones used in conventional HRT such as equine oestrogen (i.e. Premarin) and progestins (such as Provera), which are conventionally used to replace depleted oestrogen and progesterone in menopausal women, to help alleviate symptoms. Premarin, for example, is derived from a pregnant mare's (horse) urine and is not an exact match for the human body's hormone receptors. This

causes the body to recognise it as foreign and is often the cause of many of the side-effects associated with traditional HRT.

So called 'body-identical' hormones are also available on the NHS. Although body identical and bio-identical hormones are made with similar 'ingredients' there are differences between the two, including the manufacturing process, dosage, formulations (i.e. capsules, cream, suppositories), and which hormones are available in licensed formulations in terms of estradiol, progesterone, Dehydroepiandrosterone (DHEA), and testosterone. For example, body identical progesterone is only available as, Utrogestan, which is an oral capsule rather than a cream, and is only available in limited strengths. The availability of suitable testosterone preparations for women is also limited and currently no licensed formulation is available in the United Kingdom.

Body identical hormones are produced by large pharmaceutical companies in **regulated, set doses** and application methods, and while this one-size-fits-all approach works for some patients, the dosage strengths and formulations of body identical hormones cannot usually be altered to cater to those with more specific needs or intolerances, or where higher strengths are not tolerated.

On the other hand, BHRT can be compounded into **personalised dosage strengths** and in different application methods (formulations), creating a better solution for many patients, with potentially fewer side effects, for many women. With BHRT, shortages are not as commonly faced as individual prescriptions are made

in the compounding pharmacy.

BHRT is prescribed in personalised dosages, based on thorough testing, and produced to order. This means that the pharmacy (which must meet industry standards for purity of Active Pharmaceutical Ingredients and Good Manufacturing Practice) is able to prepare custom doses, formulations, and combinations to address the individual needs of a patient.

When might women need BHRT, and why?

There are a few different reasons that a woman may need BHRT, from conditions such as endometriosis or polycystic ovary syndrome (PCOS), or even for those suffering with severe period pains such as pre-menstrual dysphoric disorder (PMDD). Many of these conditions are caused by an imbalance in hormones, so correcting this can provide effective relief. The most common reason that women may need BHRT is when they reach perimenopause or menopause.

As a woman reaches perimenopause, the ovaries slowly begin to lose their function and the effects of hormonal change (such as hot flashes) start to become more evident, as the body makes a natural transition to menopause. The reproductive hormones, most significantly oestrogen and progesterone, start to decrease (sometimes quite dramatically) in preparation for menopause, when the effects solidify. For most women who are in the perimenopause stage, it is likely they will notice symptoms, but they will still have their period. Once 12 months has passed without a period, the menopause has been



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officially reached. This is usually between the ages of 45 and 55, although around 1 in 100 women will experience early menopause, before the age of 40.

Menopause, medically speaking, is characterised by the decline in oestrogen and progesterone, which together with testosterone, controls many elements of a woman's life such as menstruation, sexual activity, mood, and weight fluctuations. Although menopause is a natural process associated with ageing, the force of its symptoms can result in hormonal imbalance. This imbalance can cause a variety of symptoms which often take many women by surprise and can sometimes be tricky to navigate without medical intervention (such as BHRT).

What are the main types of hormones

prescribed, and what indications/symptoms do these treat?

The main hormones that are prescribed are the hormones, oestrogen, progesterone, testosterone and DHEA.

The signs and symptoms that these hormones are depleting can be seen through low mood, depression, anxiety/panic attacks, fatigue, low motivation, sleep problems, lack of concentration and alertness, poor appetite and digestive function and relationship issues such as poor libido.

- Oestrogen works to support a woman's health and overall well-being.
- Progesterone is a mood-enhancing hormone and can be used to treat certain symptoms associated with

menopause, like hot flashes. It is important to note that synthetic progesterone is made up of a different chemical compound called a progestin (used in conventional HRT) and can be linked to negative side effects including depression, lethargy, fluid retention, and high cholesterol.

- Testosterone is the primary male sex hormone but is also essential to women in smaller amounts. It is used in BHRT to strengthen muscles/ bone density, improve mood, red blood cell production, and increase energy and libido.
- Dehydroepiandrosterone (DHEA) converts into the essential hormones testosterone and oestrogen, as required by the body and increases energy and feelings of vitality.

How can BHRT support women through perimenopause/menopause/post-menopause?

A significant drop in hormones can negatively impact upon the cardiovascular system, brain function and bone density, potentially leading to all sorts of health risks. Oestrogen falls from pre-menopausal levels of 30-400pg to below 30pg during menopause. This dramatic drop can cause rapid ageing of the skin due to a lack of collagen and dryness and the hair can become dry and brittle, further damaging a woman's self-esteem. BHRT can be used to correct hormonal imbalances and restore the hormones that deplete as we age to a level that reduces some of these long-term effects. It can be very effective at enhancing quality of life, slowing down ageing and improving wellbeing.

Sometimes a patient will need their medication in a dosage form or strength that is not available in a licensed medication, or it may be that the patient cannot swallow capsules / tablets or is allergic / intolerant to an ingredient or excipient. Compounded BHRT offers a personalised solution and could therefore help to improve patient compliance and reduce potential side effects. As BHRT is compounded, it can be produced to order in tailored strengths, but also in different dosage forms for a completely personalised product.

As an example, take Utrogestan, a bioidentical progesterone, which in its licensed form is available on the NHS. However, it is only available in one dose of 100mg and only in capsule form. This dose is sometimes too high for many women to tolerate and may result in nausea or drowsiness, which can then cause them to stop taking the medication. A compounding pharmacy can use exactly the same raw material (bioidentical micronized progesterone) and compound it into capsules in lower strengths or into a more tolerable formulation such as a cream if, for example, they are unable to swallow capsules.

Compounded BHRT can also be combined into a variety of formulations to fit a patient's individual need. For example, rather than using, say, three different products (as may be the case with standard HRT), the three hormones could be combined into one cream, providing a convenient treatment, which could improve

tolerability and compliance to therapy.

Who can prescribe BHRT?

Medical practitioners with a prescribing qualification can prescribe BHRT medications. It is important to find the right training provider to ensure the diagnosis, blood test results and consultations all exceed industry standards to effectively treat patients with hormone imbalances.

Specialist Pharmacy compounds BHRT medications via the private prescription route from UK registered prescribers.

BHRT is internationally prescribed in personalised dosages, based on thorough bloodwork and produced to order by compounding pharmacies across the globe, similar to Specialist Pharmacy. This means that the pharmacy is able to prepare custom doses and application methods to address the individual needs of a patient.

When clinicians are treating women with BHRT, they are offering a holistic approach as they often look into the different pillars that can affect women's health including; gut health, diet and lifestyle, genomics and supplements etc. Compounding pharmacies can play a role in supporting clinicians by helping to formulate medications based on an individual patient's needs including looking at their allergies, intolerances and sensitivities.

How do you establish which hormones and in which doses a woman might need?

In the UK, NICE guidelines dictate blood tests are not needed for women over the age of 45 with menopausal symptoms, and to just treat blindly.

BHRT clinics (such as The Marion Gluck Clinic) offer comprehensive hormone blood tests that check estradiol, progesterone, testosterone and DHEA. Rather than guessing what's happening hormonally, doctors and clinicians are then able to target therapy tailored to restoring hormone balance.

Since 2019, the British Menopause Society (BMS) has recognised the importance of testosterone replacement in women, especially in women with premature menopause or surgical menopause (post hysterectomy), but until recently, women



could only get the testosterone gels made for men, which are far too concentrated. Androfemme is an unlicensed testosterone preparation available for women, but it has been deemed too expensive to be on an NHS formulary. Compounded BHRT testosterone creams produced by licensed compounding pharmacies can often be more cost effective and may be an alternative to those who are price sensitive.

BHRT clinics follow women through their journey from perimenopause to menopause as their hormonal needs change. Individuals metabolise hormones differently depending on genetic variations and lifestyle. Hormone levels in the perimenopause can be highly fluctuant and progesterone is the first hormone to decline as the ovaries stop regular ovulation. However, the pattern of oestrogen decline can rollercoaster and studies show oestrogen levels can be 20-30% higher than before, causing a picture of oestrogen dominance.

The STRAW+10 staging system (Stages of Reproductive Ageing Workshop) is widely considered the gold standard for characterising reproductive ageing through the menopause, and high oestrogen levels can persist for one to three years. Our protocol is often to only give progesterone in this phase as oestrogen treatment can exacerbate

oestrogen dominance. Another benefit of compounded BHRT is that the patient's prescription can be modified as and when their hormonal needs change.

What should a woman know when being prescribed BHRT?

Despite the inevitable changes happening to the endocrine system during menopause, there are natural and medical ways to minimise its symptoms. Regular exercising and keeping a healthy diet can level off your adrenaline and cortisol levels and decrease the frequency of rapid mood swings and depressive episodes.

Meditation, yoga, breath work and calming exercises are also known to stabilise the stress hormone levels and decrease the sensation of general anxiety.

While diet, exercise, reducing stress and holistic lifestyle changes can all work to reduce symptoms, sometimes women will also need medical intervention too. Due to the individuality of each and every woman as they go through the menopause, a "one size fits all" medication approach is not always optimal. The symptoms and severity of the menopause will differ

from woman to woman, their hormonal imbalance will be different and the ways in which symptoms can be eased will vary too.

BHRT with specific hormone balancing is personalised by testing the blood to ensure the treatment is unique to each deficiency. For the individual patient this can be life changing, reducing symptoms and improving quality of life. Bioidentical hormone treatments are 100% identical to human hormones produced in the ovaries and adrenal glands. BHRT can be offered in a variety of applications including transdermal creams, lozenges, tablets and vaginal creams according to individual needs and preference. Adjustments to the doses of each hormone may be made over time and through regular follow ups, and the treatment can be compounded to achieve the best possible outcomes.

Patients on BHRT have regular reviews, blood tests, pelvic ultrasound tests and are encouraged to keep up with national screening programmes to ensure that any potential side effects are minimised. Intuitive practice and the art of medicine gained through observation of hormone patterns in patients cannot be ignored.

Bioidentical hormones can rebalance the body, and although they are most commonly associated with menopause, there are much wider applications in the field of Integrative Women's Health. They can be beneficial in premenstrual (PMS), PMDD, endometriosis, postnatal depression, and in men, the andropause.



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